N1700000 6944

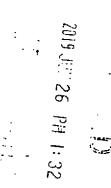
(R	equestor's Name)	·
(A	ddress)	<u>-</u>
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificate:	s of Status
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R. WHITE

COVER LETTER

Amendment Section

TO:

Division of Corporations			
SUBJECT: National Black Business Support Corporation Name of Corporation			
DOCUMENT NUMBER: N1700000 6444			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Panela A. Tedesco Name of Contact Person			
National Black Basiness Support Corporation Firm/Company			
AGS Grand Blvd. Ste 206			
Miranar Beach F2 32550 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Yam Tedes to at (850) 246.6866 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Multime Address.			

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, inge is submitted for a corporation organized under the laws of the State of for to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	the corporation: National Black Business Support Corpo	ration.
2. The principal of	office address: 495 Grand Blud. Ste 206	
	Miramar Beach, FL 32550	
3. The mailing ad	address (if different):	
4. Date of incorpo	poration/qualification: 06/30/17 Document number: N170000	06944
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
-	Panela A. Tedeso	
_	113 N. Marroe St.	
-	Tallahussee Fr 32301	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered-office	, .
-	495 Grand Blud. Ste 206. P.O. Box NOT acceptable Warana Beach Fr. 32550	
The street address as changed will be	ess of its registered office and the street address of the business office of its registe be identical.	red agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Range A Tedes a Pressure of an officer or director	
I further agree to performance of n agent. Or, if this hereby confir <mark>m</mark> ti	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regis is document is being filed merely to reflect a change in the registered office addres that the corporation has been notified in writing of this change.	stered is, I
- Farl Signa	nature of Registered Agent Date	
If signing on beh	half of an entity:	
The	Apred or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *